

CHAPTER 11-000 INDIAN HEALTH SERVICE (IHS) FACILITIES

11-001 Standards for Participation: The Nebraska Department of Health and Human Services Finance and Support, Nebraska Medical Assistance Program (NMAP) accepts Indian Health Service facilities as Medicaid providers on the basis as other qualified providers. The facilities shall meet all applicable standards for licensure by the Nebraska Department of Health and Human Services Regulation and Licensure, but need not be licensed. The absence of licensure of any staff member of an IHS facility may not be regarded as failure to meet the standards for licensure of the facility. The Department verifies the Indian Health Service facility status by contacting the appropriate Indian Health Service area office.

11-001.01 Provider Agreement: An Indian Health Service facility shall submit to the Department (NMAP) Form MC-20, "Hospital Provider Agreement," (See 471-000-91) and Form SSA-1539, "Medicaid/Medicaid Certification and Transmittal," (see 471-000-66) before NMAP approves payment to the IHS facility. A non-hospital-based provider who has met the Nebraska Department of Health and Human Services Regulation and Licensure standards shall submit to the Department Form MC-19, "Provider Application and Agreement," (see 471-000-90) before NMAP approves payment to the provider.

11-002 Limitations: All regulations in the Title 471 NAC apply, unless stated differently in this chapter.

11-003 Payment for IHS Facility Services: NMAP reimburses IHS facilities for inpatient and outpatient services at the Medicare/Medicaid rates established by the federal Department of Health and Human Services (HHS).

Rate changes are effective the first day of the month following the Department's receipt of the Medicare Interim Rate Notice. Because specific Medicare/Medicaid rates are used and there is 100 percent federal match of these costs, NMAP will not make an end-of-year settlement for Indian Health Service facilities.

11-004 Billing Requirements: The hospital-based facility shall submit all claims for payment for services to Medicaid clients on Form CMS-1450 or the standard electronic Health Care Claim: Institutional transaction (ASC X12N 837). Non-hospital-based providers shall use the appropriate-claim form or electronic format (see Claim Submission Table at 471-000-49).

The Indian Health Service shall bill all outpatient charges provided on the same day for the same Medicaid client as one outpatient charge per day.

All IHS facility claims for payment are subject to appropriate claim edits and to surveillance and utilization review upon entry into the claims processing system. The hospital utilization review abstract/summary may be requested by Medicaid Division staff.